

March 1, 2018

Dear Senator Larson, Senator Kelly, Representative Scanlon and distinguished members of the Insurance and Real Estate Committee,

My name is Jill Maller-Kesselman. I am a resident of North Haven and founding member and leader of NoWPAN, the North Haven – Wallingford Progressive Action Network.

I am writing to you to express my support for HB-5208, *An Act Concerning Mammograms, Breast Ultrasounds and Magnetic Resonance Imaging of Breasts*, and to request that you extend the limits this bill provides for copayments for breast ultrasounds to include breast MRIs and mammograms.

I am a breast cancer survivor. I am alive today because I had access to breast tomosynthesis and magnetic resonance imaging. Without access to these imaging techniques, my breast cancer would have gone undetected.

In October of 2013, I went for my routine mammogram. Thankfully, Yale had begun to use tomosynthesis, at that time a new cutting-edge imaging technique. An “architectural abnormality,” that would have gone undetected using standard mammographic imaging techniques, was noticed by the radiologist. She was not sure what it was but was concerned and sent me for a breast ultrasound. The ultrasound showed nothing, and I was then sent for a breast MRI. The MRI showed what appeared to be a cancerous lesion and a needle biopsy confirmed this. I was incredibly lucky. Because of these advanced imaging technologies my breast cancer was detected early and was successfully treated with surgery and radiation. Unlike so many others, I was able to pay for these imaging techniques that likely saved my life.

My story illustrates the clear need to update the definition of mammogram to include breast tomosynthesis and to provide coverage for breast MRIs. However, I do not feel that the current bill proposed goes far enough. While it prohibits insurance policies from imposing copayments that exceed twenty dollars or imposing deductibles for ultrasound screenings for women with dense or heterogeneous breast tissue, it does not appear to extend this prohibition to mammographic examinations or MRIs, both of which were critical in the diagnosis of my breast cancer. Many health insurance policies require 50% coinsurance for baseline mammograms, screening tomosynthesis and MRIs *after* the base deductible is met. This cost is prohibitive to most women and will likely mean that they are unable to afford critical preventive care.

According to the CDC, Connecticut ranks among the highest states in incidence rates for breast cancer. As of 2014, it was estimated 142 women per 100,000 in CT would be

diagnosed with breast cancer each year. To ensure that women have the greatest likelihood of survival, we must provide access to *all* women for critical preventive screening not only by updating the definition of mammograms and making breast ultrasound accessible to those with irregular or dense breast tissue, but also by limiting the cost of all preventive breast imaging. Please protect the lives of women by amending this important legislation to include limits on co-pays and deductibles for mammography and breast MRI as well.

Many thanks for your consideration.

Sincerely yours,

Jill Maller-Kesselman
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